



**State of Tennessee**  
**Health Services and Development Agency**

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**ANNUAL PROGRESS REPORT**  
**ANNUAL REVIEW FOLLOWING CERTIFICATION**

Project Name: \_\_\_\_\_ Certificate of Need #: \_\_\_\_\_

Legal Owner: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Project Description:

**\*\*\*\*PLEASE SUBMIT EVIDENCE TO SUPPORT EACH ANSWER\*\*\*\***

In a brief narrative, please describe the current stage of completion for the project (use another sheet of paper if necessary). **Please note that this report will not be considered complete without this information.**

**A. CONSTRUCTION PROJECTS**

1. Anticipated date of project completion. \_\_\_\_\_
2. Provide written confirmation from the contractor documenting the stage of construction at the current time.
3. If proposed construction costs have increased over ten (10%) percent please provide information as an attachment to this form. Please note that such an overrun could require additional action before the Agency.

**B. NON-CONSTRUCTION PROJECTS**

1. Anticipated date of service implementation, acquisition or operation of the facility or equipment as certified.  
\_\_\_\_\_
2. Provide written confirmation from the institutional representative verifying the occupancy/opening date for the service, equipment, or facility.

\_\_\_\_\_  
Signature of Authorized Agent or Chief Operating Officer

\_\_\_\_\_  
Date